| Effective October 1, 2000  |  |   |                                      |                              |                                 |                          |              | U          | 1741                   | 70            | <i>L</i>            |                        |
|--|--|---|--------------------------------------|------------------------------|---------------------------------|--------------------------|--------------|------------|------------------------|---------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                                      |                              |                                 |                          |              | EN         | ITITY                  | OR            | OTHER<br>SMALL E    |                        |
| TOTAL CLAIMS   |  |   | 15                                   |                              | ·                               |                          | RAT          | Ε          | FEE                    |               | RATE                | FEE                    |
| FOR ·  |  |   | NUMBER FILED                         |                              | NUMBER EXTRA                    |                          | BASIC        | FEE        | 355.00                 | OR            | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 15 minus 20=                         |                              | · 0                             |                          | X\$ 9        | )=         |                        | OR            | X\$18=              | 1                      |
| INDEPENDENT CLAIMS   |  |   | 3 minus 3 =                          |                              | . 0                             |                          | X40          | X40=       |                        | OR            | X80=                |                        |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT                               |                              |                                 |                          | .12          | +135=      |                        |               | +270=               | $\overline{}$          |
| * If   | the difference                                 | in column 1 is                            | ess than zero, enter "0" in column 2 |                              |                                 |                          |              | TOTAL      |                        | OR            | TOTAL               | 710                    |
| CLAIMS AS AMENDED - PART II  |  |   |                                      |                              |                                 |                          | 101          | 46         |                        | OR            | OTHER               |                        |
|  | Ci   | (Column 1)                                |                                      |                              |                                 | (Column 3)               | SMALL ENTITY |            |                        | OR            | SMALL E             |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGH<br>NUM<br>PREVI<br>PAID | IBER                            | PRESENT<br>EXTRA         | RATE         |            | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus                                | **                           |                                 | =                        | X\$ 9        | X\$ 9=     |                        | OR            | X\$18=              |                        |
|  | Independent                                    | •   | Minus •••                            |                              |                                 | =                        | X40          | =          |                        | OR            | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  BEST AVAILABLE COPY  |  |   |                                      |                              |                                 |                          | +13          | 5=         |                        | OR            | +270=               |                        |
|  | DEST AVAILABLE COFF                            |   |                                      |                              |                                 |                          |              | TAL        |                        | OR            | TOTAL<br>ADDIT, FEE |                        |
|  | (Column 1) (Column 2) (Column 3)               |   |                                      |                              |                                 |                          |              |            |                        | ٠.            |                     |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | NUN<br>PREVI                 | HEST<br>MBER<br>IOUSLY<br>FOR   | PRESENT<br>EXTRA         | RAT          | E          | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                | **                           |                                 | =                        | X\$ 9        | )=         |                        | OR            | X\$18=              |                        |
|  | Independent                                    | •   | Minus                                | ***                          | T 01 4144                       | <u> -</u>                | X40          | X40=       |                        | OR            | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |   |                                      |                              |                                 |                          |              | 5=         |                        | OR            | +270=               |                        |
|  |  |   |                                      |                              |                                 |                          | ADDIT.       | TAL<br>FEE |                        | OR            | TOTAL<br>ADDIT, FEE |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                                      |                              |                                 |                          |              |            |                        |               |                     |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | NUI<br>PREV                  | HEST<br>MBER<br>NOUSLY<br>D FOR | PRESENT<br>EXTRA         | RAT          | E          | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus                                | **                           |                                 | =                        | X\$ :        | )=<br>-    | <i>,</i> .             | OR            | X\$18=              | ٠, ٪                   |
|  | Independent                                    |   | Minus                                | ***                          | T 01 111                        | =                        | X40          | )=         |                        | OR            | X80=                |                        |
| ᄕ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |                              |                                 |                          |              | <br>5=     |                        | OR            | +270=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |  |   |                                      |                              |                                 |                          |              |            |                        | OR            | TOTAL<br>ADDIT. FEE |                        |
| "  | "If the "Highest No                            | umber Previously<br>mber Previously P     | Paid For IN THI                      | S SPACE                      | E is less th                    | an 3, enter <b>"</b> 3." |              |            |                        | -<br>ox in co |                     |                        |

PATENT APPLICATION FEE DETERMINATION: RECORD

Application or Docket Number